



## Billing Requirements for Pregnancy Services

The Healthy Indiana Plan (HIP) does not cover pregnancy care. The member has a choice of remaining on HIP or moving to Hoosier Healthwise. However, if the member decides to stay on HIP, pregnancy services will not be covered under the HIP plan. Pregnancy-related services (*Tables 1 and 2*) can be paid for during the Discovery Period if the member moves to Hoosier Healthwise. The Discovery Period is defined as the time period from discovery of the pregnancy until transfer of enrollment from HIP to Hoosier Healthwise. This time period shall not be greater than three months retroactively from the effective date of Hoosier Healthwise enrollment.

A HIP member who becomes pregnant becomes eligible for Hoosier Healthwise. The member must promptly report the pregnancy to the Division of Family Resources (DFR) for her eligibility to be transferred from HIP to Hoosier Healthwise. Pregnancy-related services rendered during dates of service in the Discovery Period are the responsibility of EDS, not HIP. Non-pregnancy-related services remain the responsibility of HIP until transfer of enrollment occurs.

Prior to providing pregnancy-related services the provider is responsible for:

- Informing the member that pregnancy related services are not covered under HIP
- Informing the member that they can obtain pregnancy coverage by submitting the change report form to DFR. Plans are available to assist with facilitation of enrollment processes. For additional details refer to the plan's member guidelines.
- Providing the member with documentation of positive proof of her pregnancy, including the results of the pregnancy test or a letter from a licensed healthcare provider. Also include the number of babies expected, if known.

Submitting claims to EDS for dates of service within the Discovery Period:

- If claims for pregnancy services are sent to the HIP plan, they will be denied. EDS will also deny claims until the member's HIP eligibility is end dated and the Hoosier Healthwise eligibility is in place. The provider needs to send these claims to EDS **after** Hoosier Healthwise eligibility is established **until** the member is enrolled in a Hoosier Healthwise plan.
- Claims payment by EDS for pregnancy-related services will be retroactive to allow the member to notify DFR of the pregnancy and for DFR to make the eligibility category change. **The Discovery Period is no longer than three months prior to the date when the member's eligibility changes from HIP to Hoosier Healthwise.**
- Providers can bill a member after 90 days from the date of service if Hoosier Healthwise eligibility has not been established.

The **member** must submit to DFR positive proof of pregnancy including member and medical provider contact information along with the Change Report Form. The necessary documentation to initiate enrollment into Hoosier Healthwise for pregnancy coverage may include results of a medical provider's pregnancy test or a letter from a licensed healthcare provider along with a Report of Change Form, which is accessible at <http://www.state.in.us/icpr/webfile/formsdiv/44151.pdf>.

**In summary, once a member's status has been updated by DFR, she becomes Hoosier Healthwise eligible. Pregnancy services incurred during the Discovery Period while she's still a HIP member but before her eligibility has been transferred should be submitted to EDS as fee for service (FFS). The Discovery Period is effective only through her HIP enrollment.**

Claims for pregnancy services provided to a HIP member will be denied by the HIP plan. To be paid for these services, providers will need to submit claims for services incurred during the Discovery Period to EDS after the member is enrolled in Hoosier Healthwise. As soon as the member becomes Hoosier Healthwise eligible, she will choose or be auto-assigned to a risk-based managed care organization (MCO). Claims should be submitted to the MCO for dates of service after she has transferred. Providers should continue to verify eligibility to determine where to bill her Hoosier Healthwise claims.

During the Discovery Period, diagnosis codes or CPT procedure codes listed on Tables 1 and 2 in this bulletin, will be considered for coverage. All other claims should be submitted to the HIP plan for reimbursement.

## **Billing and Benefit Coverage for the Discovery Period**

For claims submitted to EDS, providers must follow billing procedures as outlined in the IHCP Provider Manual. Billing procedures and details on non-covered services can be found in *Chapter 8: Billing Instructions* and *Chapter 2: Member Eligibility and Benefit Coverage* of the IHCP Provider Manual, which is located at <http://www.indianamedicaid.com/ihcp/Publications/manuals.htm>. Institutional claims must have a principal diagnosis from table 1. Services submitted on professional claims must have a diagnosis from table 1 as the primary code corresponding to each applicable service provided or the appropriate procedure code from table 2. For the Discovery Period providers should only submit a diagnosis from table 1 as the primary diagnosis if it follows correct coding initiatives. Billing guidelines during the Discovery Period defined in this bulletin are not the same as Hoosier Healthwise Package B.

Pharmacy dispensed prescription drugs will continue to be the responsibility of the HIP plans.

## **Prior Authorization**

Advantage Health Solutions is responsible for processing prior authorization requests and updates for all Traditional Medicaid FFS claims that fall within the Discovery Period. Providers should follow current procedures for submission of prior authorization services. These procedures are available in bulletin BT200723. Instructions for submitting prior authorization requests via Web interchange are available on the IHCP Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

## **Services During Discovery Period**

*Note While Healthy Indiana plans are not responsible for coverage of pregnancy and maternity-related services, plans are responsible for covering pregnancy tests.*

### **ICD-9 CM Diagnosis Codes**

Claims submitted for Pregnancy services during the Discovery Period must have a primary diagnosis code from Table 1.

Table 1 – ICD-9 CM Diagnosis Codes

Code	Description
V22.xx	Normal pregnancy
V23.xx	Supervision of high risk pregnancy
V24.xx	Postpartum care and examination

640.xx-649.xx	Complications mainly related to pregnancy (640.xx-649.xx)
650.xx-659.xx	Normal delivery and other indications for care in pregnancy, labor, and delivery
660.xx-669.xx	Complications occurring mainly in the course of labor and delivery
670.xx-676.xx	Complications of the puerperium
647.xx	Infectious and parasitic conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium (647.xx) These codes include the listed conditions when complicating the pregnant state, aggravated by the pregnancy, or when a main reason for obstetric care.
648.xx	Other current conditions in the mother classifiable elsewhere but complicating pregnancy, childbirth, and the puerperium

### ***CPT codes—Maternity Care and Delivery***

Professional claims submitted for Pregnancy services during the Discovery Period must have a primary diagnosis code from Table 1 or the appropriate procedure code from table 2.

Table 2 – CPT codes—Maternity Care and Delivery

Code	Description
59000 – 59076	Antepartum Services
59200	Introduction
59300 – 59350	Repair
59400-59426	Vaginal Delivery, Antepartum and Postpartum Care
59510-59515	Cesarean Delivery
59610-59622	Delivery After Previous Cesarean Deliver
59871-59899	Other procedures

*Note CPT codes 59050, 59070 59400 and 59510 are non covered services*  
*CPT code 59897requires prior authorization*